

Initial Visit Policy Concept Recommendations 12/22/11

Context: The statute requires treatment for injured workers to be performed by network providers, except for initial visits. Most “initial visits” include one, first treatment for an injury and the filing of the Report of Accident (ROA) which notifies the department of the claim. However, there are some exceptions that need policy input.

Issue #1: Treatment before Report of Accident is filed

Most “initial visits” include the first treatment for an injury and the filing of Report of Accident (ROA), but sometimes several visits occur before the ROA, and state law (that was not changed by provider network reform law) requires L&I to pay, if the claim is later accepted, for services rendered back to a certain period of time designated by other workers’ compensation laws .

Q: Which providers may be paid for treatment between the date of injury (DOI) and the initial visit (ROA), when the DOI is before the initial visit?

A: Providers must be enrolled in the L&I provider network to be eligible for payment for any services besides the initial visit. See table for clarification:

Provider Status	Pre-initial visit services (between DOI & ROA)	Initial Visit	Ongoing Care
Network Provider	Yes	Yes	Yes
Non-network Provider	No	Yes	No
Providers <i>terminated</i> from network	No	No	No
Providers <i>denied</i> enrollment into network	No	Yes	No
Provisional Provider	Yes, but only if provider applies to network and meets requirements and is enrolled	Yes	Yes, but only for the provisional period

Brief reasoning: non-network providers who have been terminated or denied enrollment will have notice that he/she is not eligible to treat injured workers. Non-network providers that have not previously applied will get paid because they may not have had notice, but must apply to ensure that he/she meets minimum standards.

Issue # 2: Definition of Initial Visit , Part 1 Emergency and hospitalization

Some “visits” include more than one service, which may occur on more than one day.

Q: What services, over what time period, should qualify as part of an initial visit in an emergency setting?

A:

1. All services related to a hospitalization directly from emergency department initial visit are considered as part of the initial visit.
2. The initial visit concludes upon in-hospital discharge.
3. This hospitalization payable regardless of network status.

Brief reasoning: the department needs to balance the responsibility to ensure network providers are providing all treatment except for initial visit, with not disrupting care, especially where certain services are delivered or paid together, or as one unit.

Issue #2: Definition of Initial Visit, Part 2 Bundled services recommendation

Some “visits” include more than one service, which may occur on more than one day.

Q: What services, over what time period, should qualify as part of an initial visit if they are initiated on the first visit and paid as part of a bundle?

A: Services that are provided during the initial visit which include a “bundled” service where care may occur later, are considered part of the initial visit when no additional payments are due, and the bundled service may be provided by a nonnetwork provider.

Brief reasoning: the department needs to balance the responsibility to ensure network providers are providing all treatment except for initial visit, with not disrupting care, especially where certain services are paid as one procedure delivered on more than 1 day.

Issue #3: Reopening Recommendation

If an injured worker needs to reopen his/her claim, in what situations will they need to use a network provider?

- As of 1/1/13, medical treatment and documentation for reopening applications must be completed by network providers.

Brief reasoning: This is primarily a start-up issue, there is no exception for reopening, and the department, injured workers, and providers need clarity; as well as assurance that treatment and reopening are handled by clinicians meeting department standards. Individuals will be notified when their claim closes.